

How did you hear about us:

Redmond Police Department

Volunteer Application

Box 97010 Redmond, WA 98073-9710 8701 160th Ave NE Redmond, WA 98052

The City of Redmond is an equal opportunity Employer

The City of Redmond provides reasonable accommodations to its employees & the public with disabilities, including disabled veterans.

An incomplete application may delay or disqualify you. Please use pen to complete this

application. Police Volunteer Redmond Police Department Position Applied For Department **Contact Information** Name (Last, First, MI) Street Address City/ St/ Zip Code Home Phone Work Phone E-Mail Address Are you over 18 years old? Social Security Number NOTICE: If you are currently under PERS, LEOFF or TRS, your retirement benefits may be interrupted if you are hired by Redmond. Contact State Department of retirement Systems with questions **Education** High School Diploma or GED received? ☐ YES ☐ NO If no degree, please specify semester or quarter hours College/University/Vocational School Degree/Certificate City, State Major Credit Hrs College/University/Vocation School Degree/Certificate City, State Major Credit Hrs College/University/Vocation School City, State Degree/Certificate Credit Hrs Major **Availability** Days and Times Available (Please be as specific as possible) TIME MON TUE **WED THURS** FRI SAT SUN **MORNING AFTERNOON EVENING**

PLEASE READ CAREFULLY

Resumes may be attached but will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self employment, volunteer work & U.S. military service. Attach separate sheets if necessary

From (month & year)	Company Name			Title
To (month &year)	City Type of Company		f Company	Phone
Full Time □ Part Time □ Volunteer □	Supervisor's Name/Title		May We Contact? ☐ Yes ☐ No	
Duties				
Dures				
Reason for Leaving:				
From (month & year)	Company Name			Title
To (month &year)	City Type of Company		Company	Phone
Full Time □ Part Time □	Supervisor's Name/Title		May We Contact?	
Volunteer □			□ Yes □ No	
Duties				
Reason for Leaving:				
Reason for Leaving:				
From (month & year)	Company Name			Title
To (month &year)	City Type of Company		Phone	
Full Time □ Part Time□	· ·		May We Contact?	
Volunteer □		□ Yes □ No		
Duties				
Reason for Leaving:				
reason for Bearing,				
Skills				
Describe your skills, knowledge and abilities that qualify you for this position				
Please List licenses, professional affiliations, and non-religious volunteer experience you have had				
Agreement and Signature				
This Statement must not be altered. I understand that false information in any of my answers or statements will result in my application being eliminated from further consideration, or if employed, will be cause for dismissal. All statements submitted on this application for employment will be subject to investigation and verification prior to appointment				

Name (printed)

Signature

Date